PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10813923

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17		(Coldini 2)		,	RATE	FEE	7 7		` 	
			17						 	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			/7 minus 20= *					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 = "					X44=		OR	X88=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+150=		OR	+300=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	395	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1)				(Column 2)		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA	· [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	ł	X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF M	Minus	***	CL A114	=		X44=		OR	X88=		
<u> </u>	Trinoi Pheor	ENTATION OF MI	OLTIPLE DE	PENDENT	JLAIM			+150=		OR	+300=	·	
								TOTAL		OR	TOTAL		
	•	(Column 1)	(Column 3)		NDDIT. FEE			ADDIT. FEE					
		CLAIMS		(Columi HIGHE	ST		Г	. 1	ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE,	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ĺ	X44=		OR	X88=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Ť			Un				
						L	+150=	:	OR	+300=	•		
							Α	TOTAL DDIT. FEE	; ;	OR	TOTAL ADDIT. FEE		
			•			• ,	:						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	IR ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X44=		<u></u>	X88=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ		•	OR	-		
	• 14 14 14 14 14 14 14 14 14 14 14 14 14								.:	OR	+300=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2"." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2"."													
		ber Previously Paid					foun	d in the app	ropriate box	in colu	ımn 1.		